

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10623041

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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40						
41	1					
42		1				
43	1					
44		1				
45	1					
46		2				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	5					
TOTAL DEP.	15					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		5				
54	1					
55		1				
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TOTAL IND.						
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TOTAL CLAIMS						